

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Wybro et al.

Serial No.: 10/788,771

Group No.: 3617

Date Filed: 02/27/2004

For: Riser Pipe Support System and Method

Examiner: Swinehart, Edwin L.

RESPONSE TRANSMITTAL

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

1. Transmittal herewith is an Amendment in response to Office Action dated November 28, 2006, with Petition for a one-month Extension of Time.
2. Applicant is

a small entity.
 other than a small entity

CERTIFICATE OF MAILING (37 C.F.R. § 1.8)

I hereby certify that this correspondence is, on the date shown below, being deposited with sufficient postage as First Class Mail, in an envelope addressed to the following: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: _____

SignatureCoco H. Betancourt*(type or print name of person certifying)*

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

(complete, as applicable)

Applicant petitions for an extension of time under 37 C.F.R. § 1.136
(fees: 37 C.F.R. § 1.17(a)(1)-(4) for the total number of months checked below:

<u>Extension (months)</u>		<u>Fee large entity</u>	<u>Fee for small entity</u>
<input checked="" type="checkbox"/> one month	\$	120.00	\$ 60.00
<input type="checkbox"/> two months	\$	450.00	\$ 225.00
<input type="checkbox"/> three months	\$	1,020.00	\$ 510.00
<input type="checkbox"/> four months	\$	1,590.00	\$ 795.00
<input type="checkbox"/> five months	\$	2,160.00	\$ 1080.00

Fee: \$ 120.00

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

An extension for _____ months has already been secured. The fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.
 Extension fee due with this request \$ 120.00

OR

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d) has been calculated as shown below:

Claims Remaining After Amendment	Highest No. Previously Paid For	Extra Present	Rate	Added Fee
Total: 31	43	0	\$50/25	\$0.00
Independent: 3	4	0	\$200/100	\$0.00
First Presentation of Multiple Dependent Claims:		\$360/180		\$0.00
				Total Additional Fees: \$ 0.00

(complete (c) or (d), as applicable).

No additional fee for claims is required.

OR

Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is our check in the sum of \$ _____

Attached is our check in the sum of \$ _____ for a petition to revive an application.

Charge Account No. 50-0897 (MOD013/145573) the sum of \$ 120.00

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 50-0897
(MOD013/145573)

AND/OR

If any additional fee for claims is required, charge Account No. 50-0897
(MOD013/145573)

Date: March 28, 2007



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